




King County

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King County

Mental Health, Chemical Abuse and
Dependency Services Division

The Good Newsletter

Issue 9

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Designer: Cristina Bravo de Rueda

From the Editor

This newsletter is an effort by the King County Regional Support Network (KCRSN) and the Quality Review Team (QRT) to document the thoughts and honor the achievements of consumers, youth, family members and supporting staff.

The KCRSN is responsible for publicly funded mental health services in King County.

Mission Statement

The knowledge and wisdom that come from personal experience gained as a consumer of the mental health system should be shared with all who have an eye and an ear to absorb what is written.

The pen is an excellent communicator. Our commitment is to make certain that the consumer voice is heard and acknowledged in King County.

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Wanted

Articles, poetry, and stories from readers of the newsletter. If you have a personal story to tell, helpful information you would like to share or creative work such as poetry, pictures or art, please mail them to: Steven Collins or Lenore Meyer, Mental Health, Chemical Abuse and Dependency Services Division- 821 Second Avenue, Suite 610 , Seattle, WA 98104-1598—Steve's Phone # 206-205-1341; Lenore's Phone # 206-205-1315. Our e-mail addresses are: Steven.Collins@metrokc.gov or Lenore.Meyer@metrokc.gov. All letters, articles and information will be considered. Items selected for publication may be edited for clarity and content. Remember this is the Good Newsletter !

Spring 2007

UPDATES FROM THE QUALITY REVIEW TEAM (QRT)

Recovery Forums

The QRT gave forums on recovery to clients and staff at twelve outpatient agencies in King County in 2006. We used definitions and examples of recovery steps to guide the discussion. Here are definitions of recovery which emerged:

"Recovery is a system in which all clients live, work, learn, play, and socialize in a community leading to a better quality of life."

"A client believes they can get better and that if the treatment really works, he / she can be as well as they were before they got sick."

What clients need for recovery is:

To develop a sense of themselves apart from their illness

Self-confidence

A sense of hope

The QRT will give similar forums again in 2007.

State Mental Health Transformation Grant

Steven C. Collins and Lenore Meyer participated on the Criminal Justice Mental Health Transformation Grant Subcommittee in February 2006. Lenore and Steve made suggestions about how to provide support services for those leaving incarceration. Services suggested were financial stability such as Supplemental Security Income (SSI), housing, and deletion of

past criminal convictions from the record if he/she qualifies. In King County we have worked with the courts and attorneys to begin a pilot process to help people vacate past convictions.

Ethnic Minority Training

Steven C. Collins participated in the state Mental Health Division's 13 session 100 Hour Ethnic Minority Specialist Training in the summer of 2006. He was the only consumer selected to participate. He learned about the many cultures in Washington State, including Latino, Native American, East and Southeast Asian, African and Russian. The goal of his attendance was to enhance understanding of diverse cultures in order to help consumers and their families obtain culturally appropriate mental health resources.

Wellness Recovery Action Plan (WRAP) Training

Lenore Meyer and Steven Collins participated in WRAP trainings offered by the state. The Wellness Recovery Action Plan is a self-designed plan for staying well, increasing personal responsibility and improving your quality of life. The WRAP approach empowers you to take control of your own health and wellness. Since its development, the WRAP approach has been shared with thousands of people. To learn more about WRAP go to:

www.mentalhealthrecovery.com

Good Work at Outpatient Agencies

CPC Clean Start

We would like to congratulate Community Psychiatric Clinic's Belltown/ Clean Start Agency for its quality services. They have developed a model environment with a women's group, balanced diet program, music therapy group and housing resource program where peers assist each other in finding new housing. The Quality Review Team has always appreciated the hospitality that we are given by the Clean Start Community.

Wallingford House Clubhouse

The Wallingford House program at Community Psychiatric Clinic has gone through a significant transformation over the past year. The program has changed from a drop-in center to a clubhouse program built around a work ordered day, two work units, and a transitional employment program.

This transformation included an expansion and remodel of the clubhouse, which now has a full service snack bar that opens daily at 8:00am. The snack bar sells coffee, tea, canned soda, and water along with cookies, breakfast burritos, and a variety of other snacks to clubhouse staff and members.

The snack bar is an integral part of the new Wallingford House Clubhouse, providing a comfortable place for members to congregate and visit when they are not busy with work unit tasks. The snack bar is staffed by clubhouse members. They are responsible for all aspects of the snack bar including customer service, maintaining the inventory, purchasing new supplies, accounting for the daily receipts, and keeping the area clean and presentable. The snack bar is part of the Wallingford House food service unit and offers members the chance to build their work skills and prepare for employment opportunities offered by the clubhouse transitional employment program.

The prices at the snack bar are set at a very reasonable level and there are no "freebies". The snack bar is self-supporting and any surplus funds go into the clubhouse account to pay for restocking and other clubhouse activities.



The Telesage Consumer Outcomes Survey:

One way to have a "say" in treatment

The Telesage Consumer Outcomes survey is one way that you can have input into your treatment process. It is a survey that people receiving ongoing public mental health services should complete when they enter treatment and then again every 6 months when treatment plans are updated. The survey asks about symptoms related to mental illness, community functioning, recovery, substance use, and quality of life. Responses on the survey show progress that consumers are making and issues that need to be focused on in treatment.

The survey takes 15-20 minutes to complete. It can be completed on paper, over the phone, or using a computer connected to the Internet. Using the phone, the survey is completed by punching in numbers that correspond to your responses on survey questions.

Summaries of consumer responses to the survey are reported back to clinicians. These summary reports are available immediately if the survey is completed over the phone and within a few days if completed on paper.

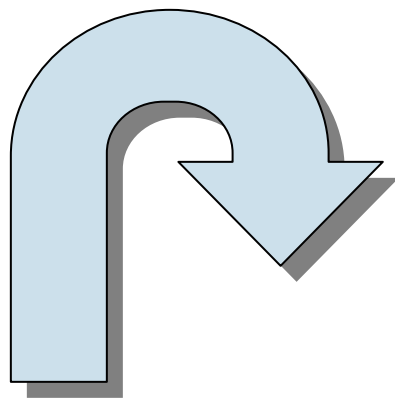
A good way for consumers to have input into their treatment is to review the summary report or the original survey with their clinician or case manager. If you haven't taken the consumer survey yet, ask your clinician about it !

Health Insurance Portability and Accountability Act (HIPAA)

The HIPAA (Health Insurance Portability and Accountability Act) Law requires that health care providers and insurance plans give each client a copy of their Notice of Privacy Practices. The Notice tells you how your provider may use or share your health information and how you can exercise your rights under this law. If you are a client in the King County RSN, you should have already received a copy. However, if you would like another copy of the King County RSN Notice of Privacy Practices, you may contact King County Mental Health, Chemical Abuse and Dependency Services Division (MHCADSD) in the following ways:

- ◆ You may write to MHCADSD Mental Health, Chemical Abuse & Dependency Services Division at 821 Second Avenue, Suite 610 Seattle, WA 98104
- ◆ You may telephone us at (206) 296-5213
- ◆ You may come to our office to request a copy, or
- ◆ You may obtain a copy of this notice from our web page at www.metrokc.gov/dchs/mhd

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Smokers die young

10. Smoking is the #1 leading cause of preventable disease and death in America. And it's not a pleasant way to go. Smokers risk developing cancer of the mouth, throat and lungs, as well as asthma, chronic bronchitis and emphysema. Smokers are also more prone to high blood pressure, high LDL (bad) cholesterol, stroke, and heart disease. A smoker's risk of dying from sudden cardiac death (heart attack) is anywhere from 2 – 4 times greater than non-smokers.

There have been a couple of things in the news recently regarding smoking that should be of interest to you:

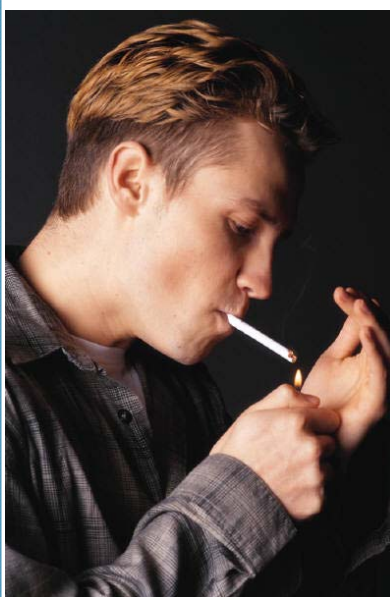
One is from a January 23, 2007 article in the New York Times. According to this article, researchers at the Harvard School of Public Health have confirmed last year's discovery by the Massachusetts Department of Public Health regarding the increase of nicotine in cigarettes and went on to identify how the tobacco companies designed their cigarettes to accomplish this.

When Harvard researchers analyzed their data they found that the nicotine yield per cigarette rose by an average of 11 percent between 1998 – 2005.

Harvard researchers concluded that the companies managed this by using tobacco containing a higher concentration of nicotine and also by slowing the rate at which cigarettes burned – thus increasing the number of puffs per cigarette. The companies presumably hoped that additional nicotine would hook more new customers and keep the old ones from breaking the habit.

Also in the news was information from Bangor, Maine whose city council has passed legislation prohibiting smoking inside cars in which children are present.

Hopefully, the above reasons will give you a motivation to at least attempt to quit smoking. Here are some resources to help you in your journey to a smoke free life.



Call the Washington Tobacco Quitline:

1-800-QUITNOW
1-800-784-8669

1-877-2NOFUME
1-877-266-3863 (Spanish)

TTY:
1-877-777-6534

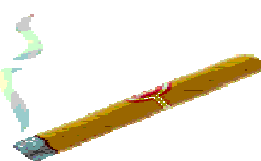
Visit the Washington Tobacco Quitline website:
www.quitline.com

Get support. Tell family and friends that you are going to stop smoking and ask for their support. Talk to your health care provider. Get individual, group or phone counseling.

If necessary, get medication and use it correctly. Ask your health care provider for advice first. Medications can help you stop smoking and lessen the urge to smoke. Approved medications can double your chances of quitting for good.

Be prepared for difficult situations or relapse. Most relapses occur within the first three months after quitting. Remember that most people try several times before they finally quit for good.

Good Luck !



EXPERIENCES WITH THE CONSUMER SUPPORT GRANTS

From a Consumer

At my home, the Hofmann House, I applied skills to help enhance our house and our home. The bathroom shelves and counter top, and the complete make-over of the downstairs shop area are our latest projects. The projects required finish carpentry, electrical and painting skills.

With a grant, you make the decision to do the job well before you apply. As happened during the remodel of Hofmann House in 1999, the work of three consumers, our basic skills and cooperative work attitude helped strengthen our bonding relationships at home. Five years ago the Hofmann House remodel was finished, built from top to bottom with a lot of areas needing special attention. I worked on window frames, flooring, walls, and sheetrock. With our first consumer pilot grant we designed and completed a study/recreation room. With our second grant we built a tool shed. Next we needed to do something in our bathroom to organize; now there are new shelves and countertops in place. We needed a place to develop our woodworking skills and projects; now we have a finished shop area.



The Hofmann House today is the story of recovery and responsibility. We are a group of guys that work in the community and are learning to express ourselves in the community, as well as at home.

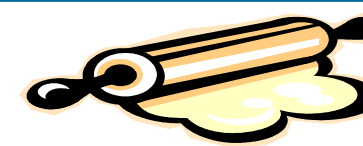
I would like to thank Frank Jose, NAMI GS director for submitting the Hofmann House bid and following it through to its completion. Thank you Steve Collins and Christie White for your support.

The New Life Bakery

Asian Counseling and Referral Service is located at 720 – 8th Ave. S. in Seattle. This is where the New Life Bakery project has been running for the past year. The Bakery provides participants with the skills necessary to work in a commercial kitchen, in a supportive and fun atmosphere.

The project was developed for participants to acquire the necessary skills and knowledge to effectively work in a bakery or in a manufacturing environment. The goal was to develop the bakery while fostering a positive learning environment where peers teach and learn practical skills together. The participants are from various Asian and Pacific Islander ethnic backgrounds. They have limited English skills and deal with chronic mental illness. Some also participate in ACRS' Mentally Ill Chemical Abuse group treatment program.

The goal of the Bakery is to teach prevocational, vocational, and social skills and to help participants gain confidence in their ability to eventually make a successful transition to the working world. The long-term benefits include the prospect for participants to pursue bakery jobs.



This type of employment might be especially suitable for New Life participants because many bakery positions can be low stress. Also some bakery positions may not require English proficiency, once the relevant job skills are acquired.

Cultural differences presented their own set of challenges in the bakery. The Asian "folk" concepts of cooking that are most familiar to New Life participants are quite different than those in Western cooking.

For example, in baking, precision in measuring ingredients could make the difference between successful muffins and those that go flat in their pan. The concept of precision in cooking was difficult to translate, both literally and culturally. To overcome these barriers, it was useful to provide consistent instructions, and to provide examples of how imprecision in baking can lead to pastries that are unpleasantly too tart or too sweet.



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The handling of food for a public bakery was a new concept as well. Using and discarding gloves, avoiding contact with hair, food storage (including where in the refrigerator or freezer certain foods are stored), and thorough cooking were important skills to learn. Participants would argue that they had never taken these safety measures before and they had not fallen ill. Participants would engage in lively debates about these concepts. It was necessary to continually reinforce a better understanding of the importance of food safety from a public health standpoint. Real world instances of where food was mishandled and resulted in illness or worse were used to illustrate the seriousness of the issues.



Despite some of these barriers, the project has been successful. At least 20 participants have attained the government-issued food handler's permit. Some have put their knowledge to use and now work in food service. Participants have enjoyed themselves and have learned valuable workplace skills, while reinforcing and establishing friendships with their fellow cooks.

Recipes

The Egg Tart recipe is from the New Life Bakery, a business of Asian Counseling and Referral Services (ACRS)

CUT HERE For the Fridge

EGG TART SHELL

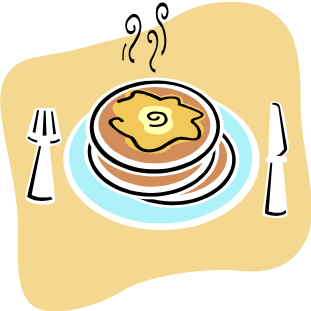
- 4 eggs
- 2 cups of warm milk and sugar or SLENDA to taste.
- Egg Tart Shells (pre-made)
- Mix until sugar is dissolved in the milk.
- In a separate pan whisk 4 eggs thoroughly.
- Combine the milk mixture and eggs until well blended.
- Fill egg tart shells with the filling 90% full.
- Preheat the oven to 375 degrees and bake 15 to 20 minutes, depending on your oven.
- Center should be firm.



CUT HERE For the Fridge

OAT BRAN PANCAKES

- Prep time: 10 minutes
- Bake time: 10 minutes
- 1 cup oat bran hot cereal
- 1/2 cup all-purpose flour
- 1/4 cup SLENDA Granular
- 1 teaspoon baking powder
- 1/2 teaspoon baking soda
- 1/8 teaspoon salt
- 2 cups buttermilk
- 1/4 cup egg substitute
- Heat nonstick griddle or frying pan over medium to medium high heat.
- COMBINE oat bran, flour, SLENDA Granular, baking powder, baking soda and salt in large bowl. Set aside.
- BEAT together buttermilk and egg substitute in small bowl with wire whisk. Pour egg mixture over dry ingredients. Stir together until ingredients are just blended and no large, dry lumps appear.
- POUR about 1/4 cup pancake batter onto hot griddle. Cook pancakes until puffed, browned and slightly dry around the edges. Flip over and cook until golden brown.



likely to suffer from chronic obstructive pulmonary diseases like emphysema and bronchitis than non-smokers.

Your lungs are full of phlegm and tar

- Smoking causes sticky, black tar to build in your lungs, reducing the exchange of oxygen, carbon dioxide and nutrients between its tissue and the bloodstream. This negatively affects your entire body, but you'll especially feel it in the lungs. Smokers have a more difficult time breathing and are more likely to develop painful chronic coughing due to the increase of phlegm production. The good news is that if you stop smoking, you can clear some of the tar and heal significantly. According to the National Cancer Institute, your body begins the healing process just 12 hours after your last cigarette. Improved lung function and circulation can take up to three months.

Smoking can contribute to depression

- Feeling moody lately? More pessimistic? Smoking has been shown to be a cause of depression. A study published in the Archives of General Psychiatry followed more than 1,000 smokers and non-smokers over the span of five years and found that the smoker group was twice as likely as the non-smoker group to suffer from major depression.

It's expensive

- If the fact that smoking is burning a big hole in your health and happiness doesn't move you, maybe the fact that it's burning a big hole in your pocket will. Depending on where you live, a single pack of cigarettes can cost more than \$6.00, and if you smoke a pack a day, that's almost \$2,200 a year!

Let's say you start smoking at age 18 and live to 68 (since you will likely die young from smoking). Over the course of those 50 years, you will have spent almost \$110,000 on cigarettes alone. And that doesn't include the extra gum and breath mints!

You're becoming infertile

- It has long been known that male smokers generally have a low sperm count, but recent studies also show that genetic mutations of sperm from male smokers may also be to blame for infertility. Male smokers are also at a higher risk for erectile dysfunction. Female smokers may have a harder time getting pregnant.

Smoking during pregnancy can put the baby at risk.

- Risks to the baby's health include lower birth weight and birth defects. Women who smoke during pregnancy are also more at risk to deliver prematurely or miscarry.

You can be a bad influence

- Kids imitate their parents. So if you smoke in front of your kids, they are likely to copy you. If you want to positively shape the futures of your children and the other children around you, quit smoking and be a healthy role model.

Second-Hand smoke kills

- Not only is smoking a bad influence on those around you, it's killing them too. You can't contain cigarette smoke, which means that people breathe in your second-hand smoke. Children and adults who are exposed to second-hand smoke are at a higher risk of developing lung cancer and heart disease, as well as other respiratory problems including shortness of breath, coughing and increased production of phlegm. Children exposed to second-hand smoke are particularly at risk for developing asthma.



(Cont.inued from page 7)

Resilience is defined as: “the capacities within a person that promote positive outcomes, such as mental health and well being, and provide protection from factors that might otherwise place that person at risk for adverse health outcomes. The resilience process is adapting well and persisting under stress, trauma, and adversity.”

NEWS FLASH:
American Diabetes Association Launches “Every 21 Seconds” Ad campaign urging immediate Congressional Action to fight the Diabetes Epidemic.

In an effort to bring much needed attention to the growing national diabetes epidemic and the need for Congress to take steps to confront the dramatic rise of diabetes, the American Diabetes Association (ADA) has launched a new, targeted and powerful advertising campaign. The series of ads, which target members of Congress and their staff, feature the image of a ticking time bomb and reveals “Every 21 Seconds Another American is Diagnosed with Diabetes. The clock is ticking.” The ads directs readers to a new Web site: <http://diabetes.org/21seconds> which outlines specific actions Congress should take to fight diabetes.

“The 109th Congress failed to provide the leadership necessary to fight the diabetes epidemic – most notably in its substantial under-funding of federal diabetes



To learn more: contact the American Diabetes Association at Diabetes.org or call toll-free at 1-800-DIABETES (1-800-342-2383).

programs” said Larry Deeb, MD, President, Medicine & Science, and American Diabetes Association. “Every year, diabetes becomes more and more prevalent. As the ads demonstrate, every 21 seconds another American is diagnosed with diabetes. That’s why we are urging Congress to join us and take action before it is too late.”

Starting in January 2007 the ADA’s new campaign appeared in print and online publications. Another ad features a prosthetic leg with text reading “82,000 Americans Lost a Leg Because of Diabetes Last Year. It’s crippling America.” The third ad features a coffin and reads “224,092 Americans Die from Diabetes Related Illnesses Each Year.”

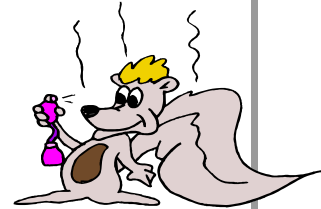
TOP 10 REASONS WHY SMOKING SUCKS

By Lenore Meyer

Smoking used to be so popular that tobacco companies branded their products with characters like the notorious “Joe Cool” Camel and the Marlboro Man (who died of smoking related cancer). But smoking isn’t cool anymore. Both cigarette manufacturers and smokers have had to answer to the mounting evidence that proves smoking kills.

But just in case death isn’t enough to scare you into dumping this addiction, here are the top ten reasons you should quit smoking – today!

If you have ever wondered why your doctor jumps down your throat about not smoking – here are ten good reasons:



You Stink!

1. You don’t just smell like cigarettes while you’re smoking, you reek of them all day long. The scent of cigarettes saturates your hair and clothes and follows you wherever you go, including your vehicle, your work and your home.

You have 10 times more wrinkles

2. You can always pick a regular smoker out of a crowd by his or her skin quality. Smokers have change in skin color, yellowing of teeth, fingers and fingernails. In fact, a study by the British Medical Journal found that smokers with prominent wrinkles are five times more

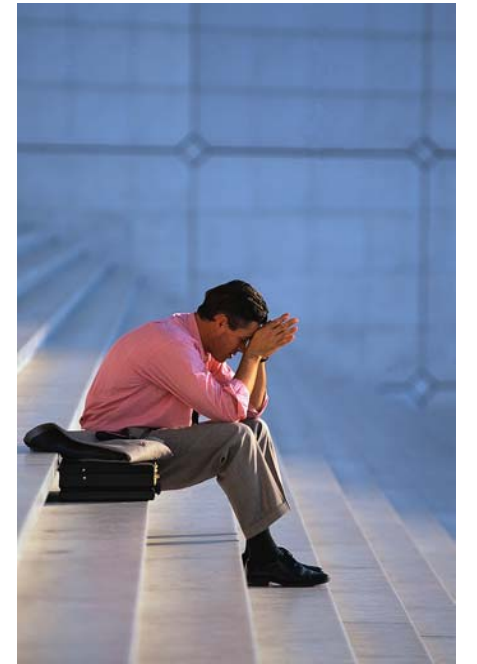
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POEM

By Terralynne Dumes

This poem is from a client at Valley Cities Counseling and Consultation in Federal Way who recited this poem after we gave a presentation on Recovery.

If you think you're drowning
And you're crying & frowning
look up and take my hand.
I can help you stand.
See, I know you
and we can do
anything we want
so smile with me
and you will see
the good in you
and all you can do.
Walk with me this way
come laugh & learn & play
cause you're like me
and that's all we can be.
We are good
but completely misunderstood
for we are different-
so people are distant
even though they don't know us
but I think we're a plus
so if you think you're drowning
and you're crying & frowning
look up & take my hand
and I will help you stand.



UNDERSTANDING SCHIZOPHRENIA

By Steven C. Collins

The following paragraph is a description of Schizophrenia from Alexander Hyde who wrote "Living with Schizophrenia: a guide for Patients and Their Families".

The basic cause is an organic, structural, chemical disorder of the brain cells. Schizophrenia is a disorder of the brain in the same way that diabetes is a disorder of the pancreas. Like [persons with diabetes], whose condition worsens when they stray from the proper regimen, [people with Schizophrenia] feel ill when their good health habits deteriorate. Inadequate sleep, poor eating habits, ingestion of coffee and alcohol, and lack of exercise cause the schizophrenic condition to worsen. Continued intense emotional stress can also over stimulate the [person with Schizophrenia], with adverse effects.

At the American Psychiatric Association's 51st Institute on Psychiatric Services in October 1999, Dr. Nancy Andreasen proposed an alternative theory concerning the primary abnormality present in Schizophrenia.

Dr. Andreasen believes the disorder involves a fundamental problem in cognitive/neural functioning. The primary symptoms of Schizophrenia identified by Dr. Andreasen include:

- ♦ Abnormal eye tracking
- ♦ Impaired impulse inhibition
- ♦ Rapid eye blinking
- ♦ Faulty or delayed relaying of information between the cerebellum and the cortical regions of the brain and back
- ♦ Impairment in attention, memory and language

The Five Schizophrenias

In addition to the overall criteria used to diagnose Schizophrenia, the symptoms are organized into the following clusters, or types of the disorder:

Disorganized Schizophrenia

- ♦ Delusions and hallucinations may be present, but are not organized into a theme
- ♦ Early onset
- ♦ Incoherence
- ♦ Mannerisms, grimacing, physical complaints, social withdrawal, odd behaviors

Paranoid Schizophrenia

- ♦ Characterized by tension, uneasiness, distrustful behaviors
- ♦ May read hostile or belittling intent into other people's comments or actions
- ♦ Disorganized speech
- ♦ Impaired functioning is related to acting on delusions
- ♦ Onset later in life and prognosis is better if the individual continues to work and live independently
- ♦ Unfocused anxiety, anger, being argumentative or violent behavior

Catatonic Schizophrenia

- ♦ Characterized by psychomotor disturbance ranging from extreme excitement to stupor
- ♦ Necessitates monitoring for problems associated with malnutrition, dehydration, exhaustion or self-injury



Some of the following information and definitions are from the book titled *Pebbles in the Pond - Achieving Resilience in Mental Health*, by Larry S. Baker, MDiv and Karen A. Landwehr, MC.

My personal experience with mental health recovery is also included. Definitions have been shortened for this article.

It is commonly believed that the course of Schizophrenia involves a downward spiral of acute psychotic episodes leading to an increasingly poor "level of functioning." One's level of functioning refers to how well one is able to engage in activities such as working, going to school, establishing relationships with other people, taking care of physical needs for food, clothing, shelter, medical care and personal self-care such as bathing, brushing teeth, etc.

The belief that a diagnosis of Schizophrenia dooms one to a life of increasing inability to perform these functions of daily life is false. Research has shown that ten years after diagnosis at least 50 percent of individuals with Schizophrenia are living independent, satisfying lives.

Often co-workers, friends and sometimes even family members are unaware that the person has ever been diagnosed with a psychiatric disorder.

Undifferentiated Schizophrenia

- ♦ Symptoms do not meet the diagnostic criteria for Paranoid, Disorganized or Catatonic types of Schizophrenia
- ♦ Impaired functioning in the activities of daily life due to the presence of hallucinations, delusions, disorganized speech or behavior, or negative symptoms

Residual Schizophrenia

- ♦ History of one or more previous psychotic episodes meeting the diagnostic criteria for Schizophrenia
- ♦ Psychotic symptoms are no longer present, or if present are not prominent
- ♦ Continuing evidence of the illness such as negative symptoms or attenuated psychotic symptoms (e.g. odd beliefs or unusual sensory perceptions instead of delusions or hallucinations)

For clients of the public mental health system diagnosed with Schizophrenia, keeping a balanced and healthy life can lead to a reduction in symptoms. A co-worker once commented to me, "I was never diagnosed with a mental illness. But if I don't have good health practices, my mental and physical health begins to fail."

It is even more essential for those who are diagnosed with Schizophrenia to stay healthy. Here are some tips:

A decent place to live and a monthly income to pay rent and buy food and clothing are a positive start on the road to recovery.

Take your medication at the prescribed times and keep your counselor, nurse or Psychiatrist appointments. Be open and honest with your doctor about how you are feeling so you can problem solve around the symptoms that are troubling you.

As a consumer of mental health services, experience has taught me something very important: avoid sugar. I learned many years ago from a Junior College nutrition class instructor that sugar can give you an initial energy rush. In excess, sugar will cause not just a rush of high energy, but an eventual crash into a deep depression. Your friends, colleagues, bosses, and clients will wonder what is wrong because you will be far from your normal balanced self. Increase your protein levels if you want to help stop sugar cravings.

My nutrition class instructor went on to say that "Coffee, cigarettes, and drug abuse are unhealthy addictions and should be avoided. Be a good role model for those around you."

I can guarantee you 100% that being healthy and free from any addictions is the best experience in the world. You free yourself from the lure of advertisements and other temptations.

The Recovery Model is actively being promoted both nationally, in Washington State and in King County. Recovery means you can regain your former good health and have some normalcy back in your life. Recovery also means building resiliency, which gives us the capacity to weather the ups and downs in the move toward recovery. These ups and downs cannot stop us from achieving the ultimate goal of stability, which is well within our reach.

The State of Washington, Department of Social and Health Services, Mental Health Division has a Peer Counselor Curriculum that contains definitions of **recovery** and **resiliency** which are worth repeating here.

"William Anthony, director of the Boston Center for Psychiatric Rehabilitation may have developed the cornerstone definition of mental health recovery. Anthony identifies recovery as a deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills and / or roles. It is a way of living a satisfying, hopeful, and contributing life even with limitations caused by the illness. Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of mental illness."